

Name  
in  
Full

Harry J. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cherry Hill Town Cecil County

Date of death 1908 11 Month 8 Day 23 Age 23 Years Months — Days —

Sex Male Color or Race White Birth-place Maryland

Occupation Weaver Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Belle Brown

Father's Name Harry M. Brown Father's Birthplace Maryland

Mother's Maiden Name Louise Willis Mother's Birthplace Maryland

Name of person giving information Frank Brown How related to deceased Brother

## CAUSES OF DEATH

(30)

PHYSICIAN  
OR CORONER

Primary Tubercular Disease How long 2 years

Immediate Meningitis How long 8 mos.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician O. J. Carico M.D.

Address Cherry Hill

Accident or Suicide? —

L16

Name  
in  
Full

William T Calvert -

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Perryville Town Cecil County **MARYLAND**

Date of death 1908 Nov ~~Nov~~ Month 9 Day 64 Years 7 Months — Days

Sex Male Color or Race White Birthplace Cecil Co

Occupation Not any Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Mary Ellen Bask Calvert

Father's Name Thomas Calvert Father's Birthplace Cecil Co

Mother's Maiden Name Mary Richardson Mother's Birthplace " "

Name of person giving Information Carrie Cole How related to deceased Daughter

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

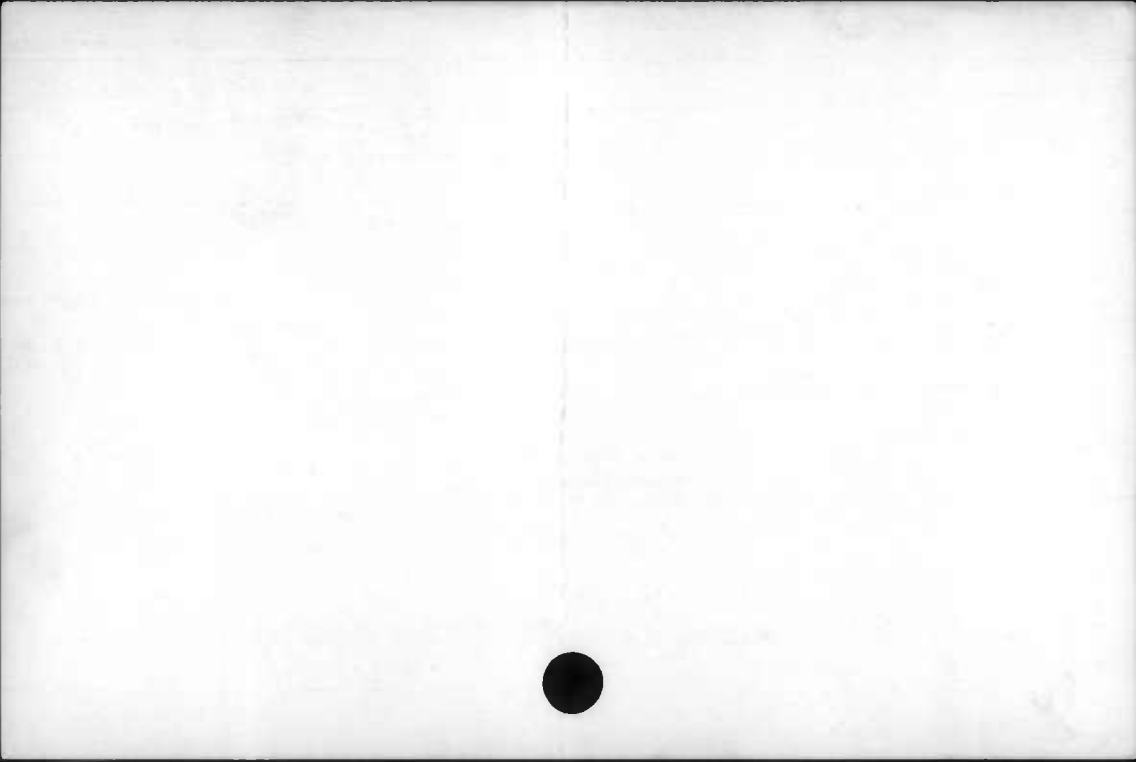
Primary Paralysis - How long 2 hrs -

Immediate Cerebral Hemorrhage How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. M. Stumpf Address Perryville Md

Accident or Suicide



Name in Full *Mrs Susan Adelaide Evans*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

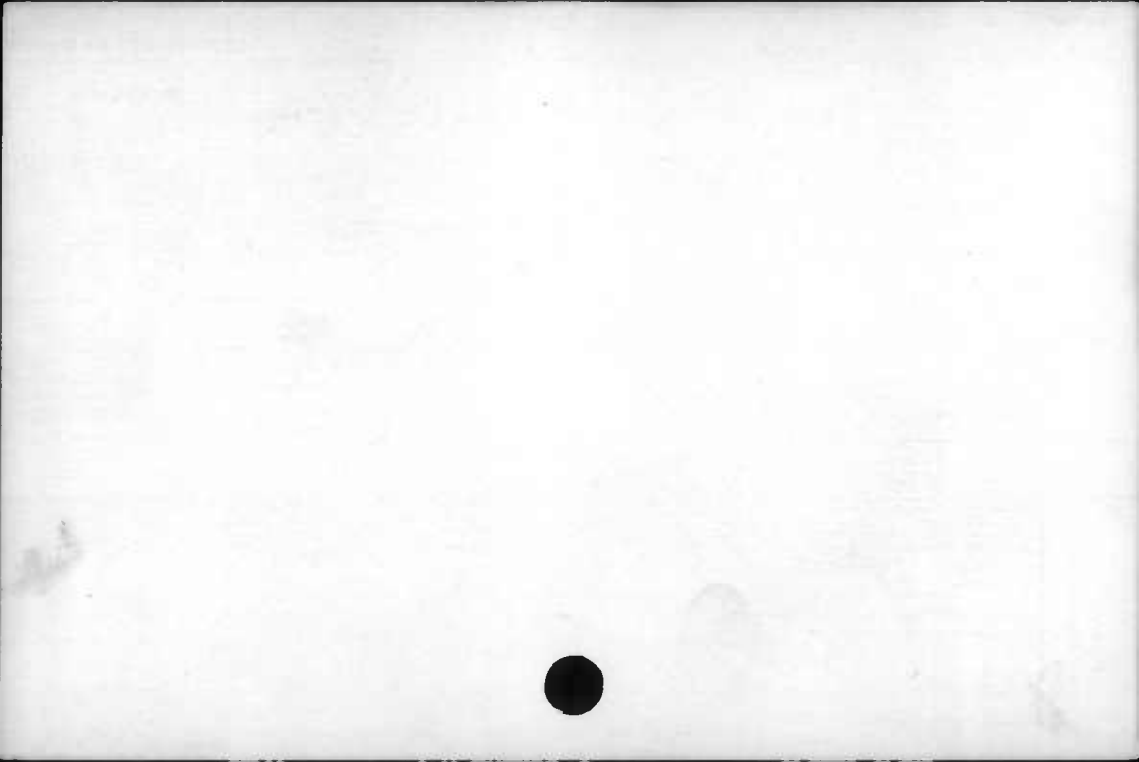
Died at <i>Elkton</i> <sup>Town</sup>		<i>ecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>11-</i>	Day <i>7</i>	Age <i>53</i>	Months <i>Unknown</i>	Days <i>Unknown</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cincinnati</i>			
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Elkton</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Andrew Wallis Evans</i>				
Father's Name <i>Aaron G. Tuite</i>	Father's Birthplace <i>Doublin</i>				
Mother's Maiden Name <i>Mary E. Howard</i>	Mother's Birthplace <i>Elkton</i>				
Name of person giving Information <i>Miss Lillian Tuite</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary <i>Suicide (Hanging)</i>	How long
Immediate <i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank Rogers Brown</i>
	Address <i>Elkton Md</i>
Accident or Suicide <i>Suicide</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Wm Holden* Town *Eek Neere* County *Cecil* MARYLAND

Died at *Eek Neere*

Date of death 190 *8* Month *11* Day *29* Age *74* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Farmer* Where Residing if not at place of death *Eek Neere*

Married, Single or Widowed *Married* Name of Wife or Husband *Levita Holden*

Father's Name *Jacob Holden* Father's Birthplace *Unknown*

Mother's Maiden Name *Margaret Bouldin* Mother's Birthplace *Unknown*

Name of person giving Information *Theodore Holden* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Paralysis* How long *66* *5 hours*

Immediate

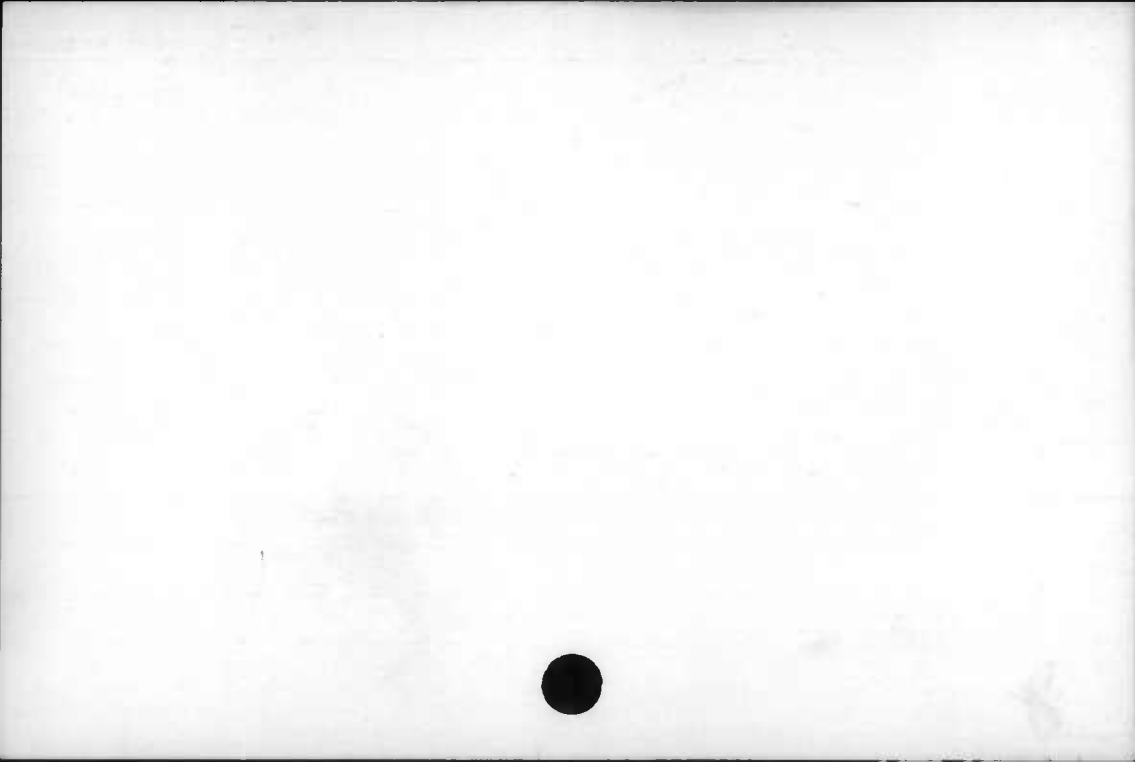
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*J Frank Frazer Coroner*  
*Easton Md*

Accident or Suicide *\_\_\_\_\_*





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

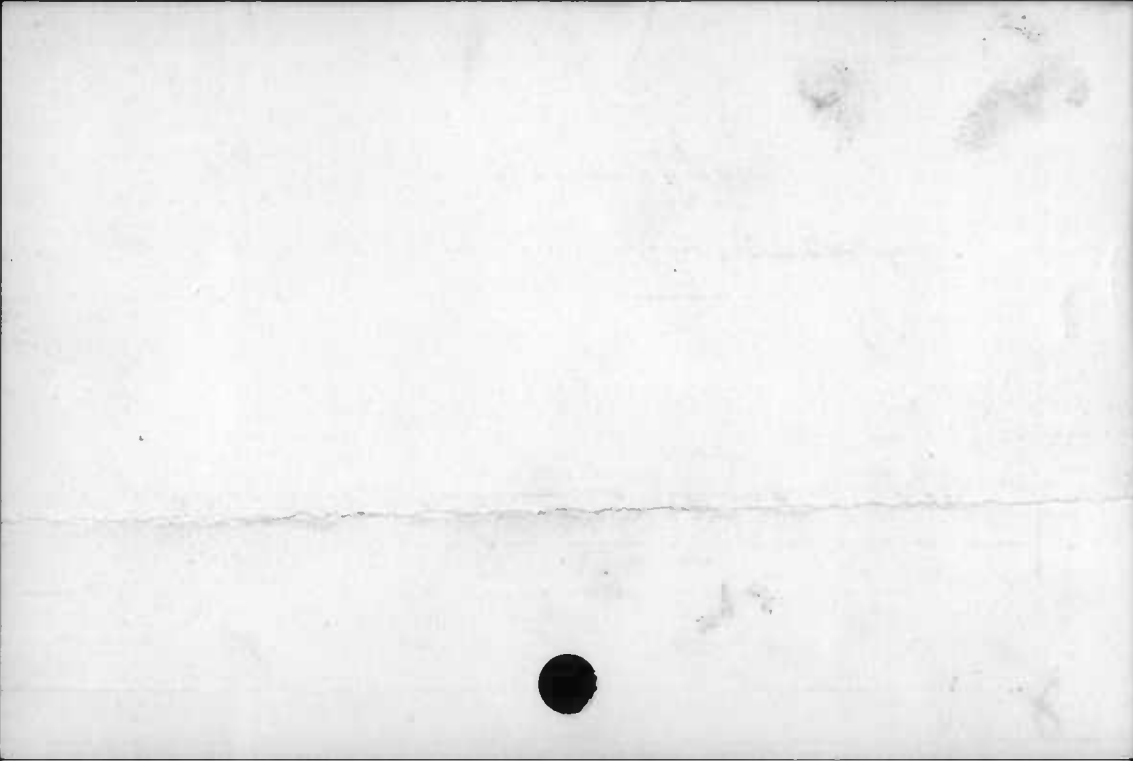
Name in Full <i>John M. Hoopes</i>		Town <i>Near Lombard</i>		County <i>Cecil</i>		MARYLAND	
Died <i>Nov 9</i>		Month <i>Nov</i>		Day <i>9</i>		Age <i>38</i>	
Date of death <i>1908</i>		Month <i>Nov</i>		Day <i>9</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Philad. Pa</i>			
Occupation <i>Seabarer</i>		Where Residing if not at place of death <i>Near Lombard</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Mary M. Hoopes</i>					
Father's Name <i>John M. Hoopes</i>		Father's Birthplace <i>Philad. Pa.</i>					
Mother's Maiden Name <i>Caroline C. Hoopes</i>		Mother's Birthplace <i>New Jersey</i>					
Name of person giving information <i>Caroline C. Hoopes</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>About one</i>	
Immediate <i>yes</i>		How long <i>year</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. A. Richardson</i>	
		Address <i>Rising Sun Md</i>	
Accident or Suicide? <i>X</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Samuel H. Hoops* Town *Pennsylv* County *transferred to Maryland*

Died at *Pennsylv*

Date of death 1908 Month 11 Day 7 Age 39

Sex *Male* Color or Race *White* Birthplace *Maryland*

Occupation *Laborer* Where Residing if not at place of death *New Russia*

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Coleman Hoops* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Mrs. Stone* Mother's Birthplace *Pennsylvania*

Name of person giving Information *Thomas J. Hoops* How related to deceased *Brother*

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

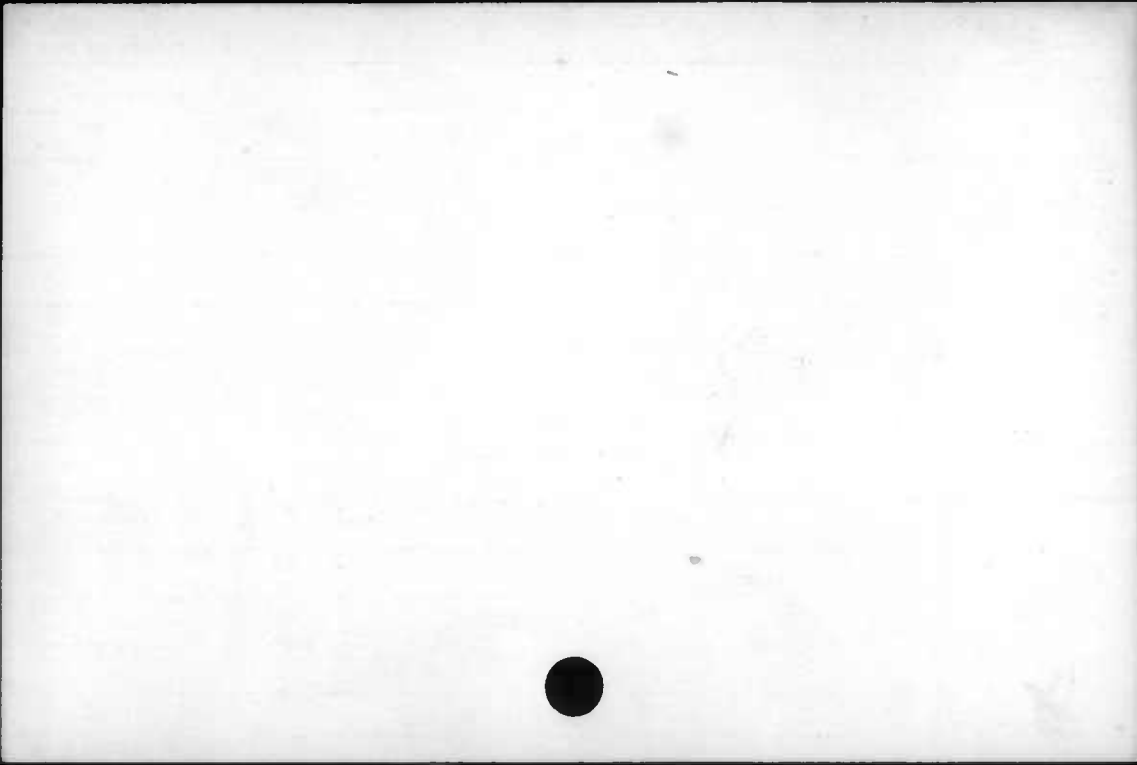
Primary *Run over by train* How long \_\_\_\_\_

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank J. [unclear]* Address *Coroner*

Accident or Suicide *accidental*



Name  
in  
Full

Mildred Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Eck Town		County		Becil	
Date of death		Month	Day	Age	Years	Months	Days
1908		11	11				5
Sex	Female		Color or Race	White		Birth-place	MD
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William E Jackson					Father's Birthplace	Pa
Mother's Maiden Name	Josephine Arthur					Mother's Birthplace	Pa
Name of person giving information	W E Jackson					How related to deceased	Father

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	2 days
Signature of Physician	O. J. Carver M.D.
Address	Cherry Hill, Md.
Accident or Suicide?	

816

Name  
in  
Full

Emma Kline

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *near Elkton* Town *Cecil* County **MARYLAND**

Date of death *1908* Month *Nov* Day *24* Age *54* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Penn*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph C Kline*

Father's Name *Otto Koch* Father's Birthplace *Germany*

Mother's Maiden Name *Christiana Bauer* Mother's Birthplace *Germany*

Name of person giving Information *Mrs. Louise Bricker* How related to deceased *Daughter*

## CAUSES OF DEATH

79

Primary *Organic Heart Disease* How long *2 yrs*

Immediate *Pneumonia* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. L. Gifford* Address *Greenwood*

Accident or Suicide

PHYSICIAN  
OR CORONER

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Name  
in  
Full

## CERTIFICATE OF DEATH

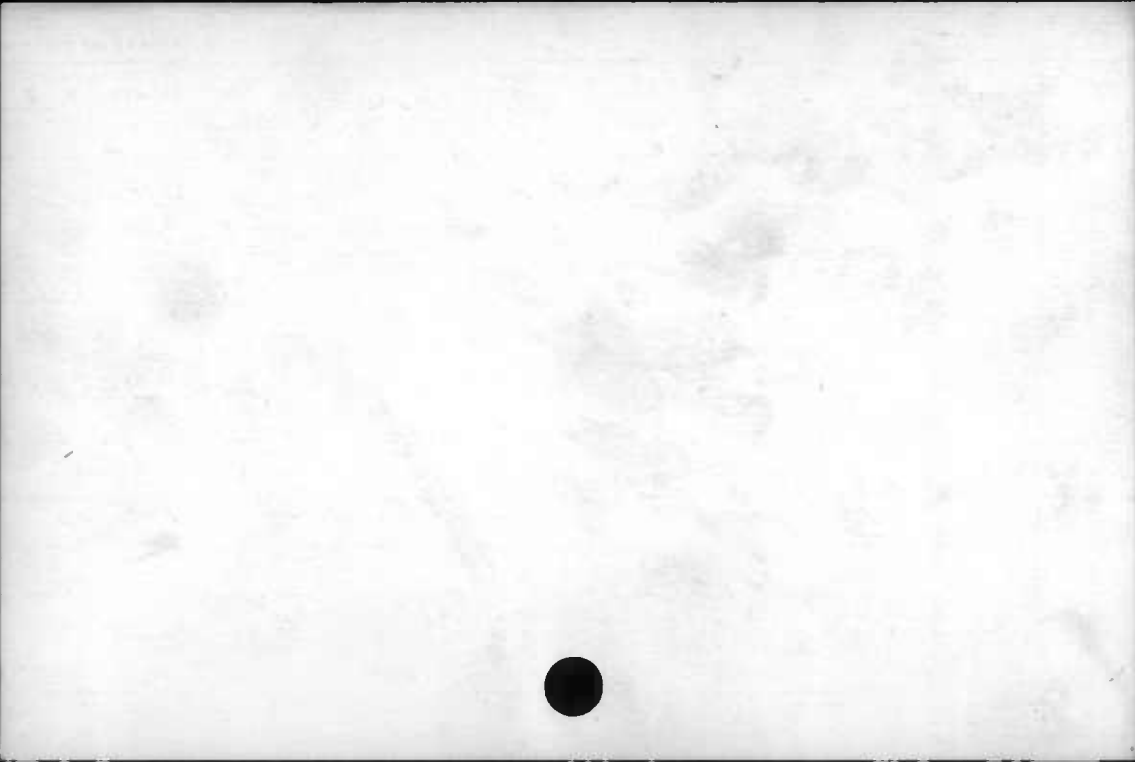
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Elkton		County Cecil		MARYLAND	
Date of death		190	8	Month November	6	Day	3
Age		5-7		Years		Months	
Sex		Male		Color or Race		White	
Occupation		iron worker		Birth- place		Maryland	
Where Residing if not at place of death		Elkton		Married, Single or Widowed		Married	
Name of Wife or Husband		Margaret E. Kline		Father's Name		William Kline	
Father's Birthplace		Penn.		Mother's Maiden Name		Lydia Kippatus	
Mother's Birthplace		Maryland		Name of person giving Information		Margaret Kline	
How related to deceased		Wife					

## CAUSES OF DEATH

Primary	Right Aneurism	How long	120
Immediate		How long	1 year
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide		Elkton md.	

PHYSICIAN  
OR CORONER



# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Charlottesville <sup>Town</sup>

Town

County

<b>Date</b> of death 1908	Month Nov	Day 27
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Age

Years

Months

Days

Sex *Male*

Color or Race

White

Birth-  
place

Charleston

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's Name

Harry McCorm

Father's  
Birthplace

Charles W.

Mother's  
Maiden Name

Esté Realy

Mother's Birthplace

Kent County Md

Name of person giving  
In formation

Minnie Porsch

How related  
to deceased

Am Sh

### CAUSES OF DEATH

How rela  
to deca

8

How Gno

Primary

Strangulation (by wrapping the cord around  
neck, which caused death some time before labor

How long

How long

Are the name, age, sex, color, date and place correctly given above?

70

Signature of Physician

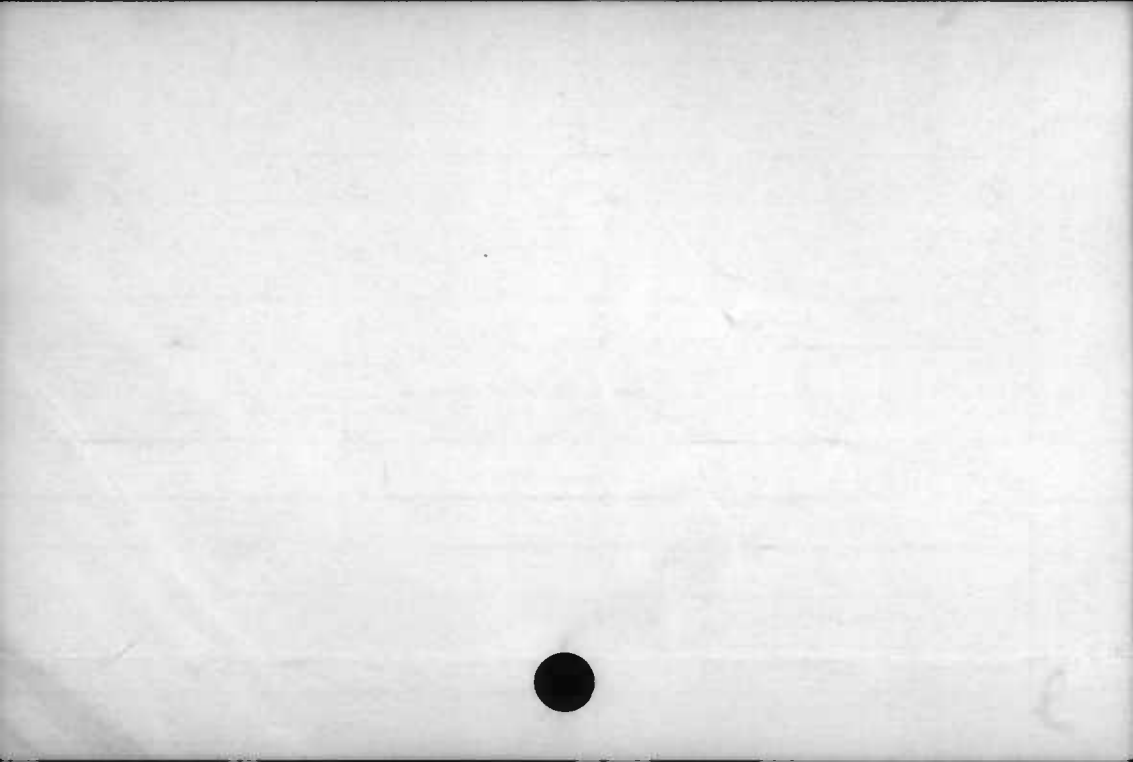
L. J. H. began.

Address

Port of Spain

## Accident or Suicide?

PHYSICIAN  
CORONER



Name  
in  
Full

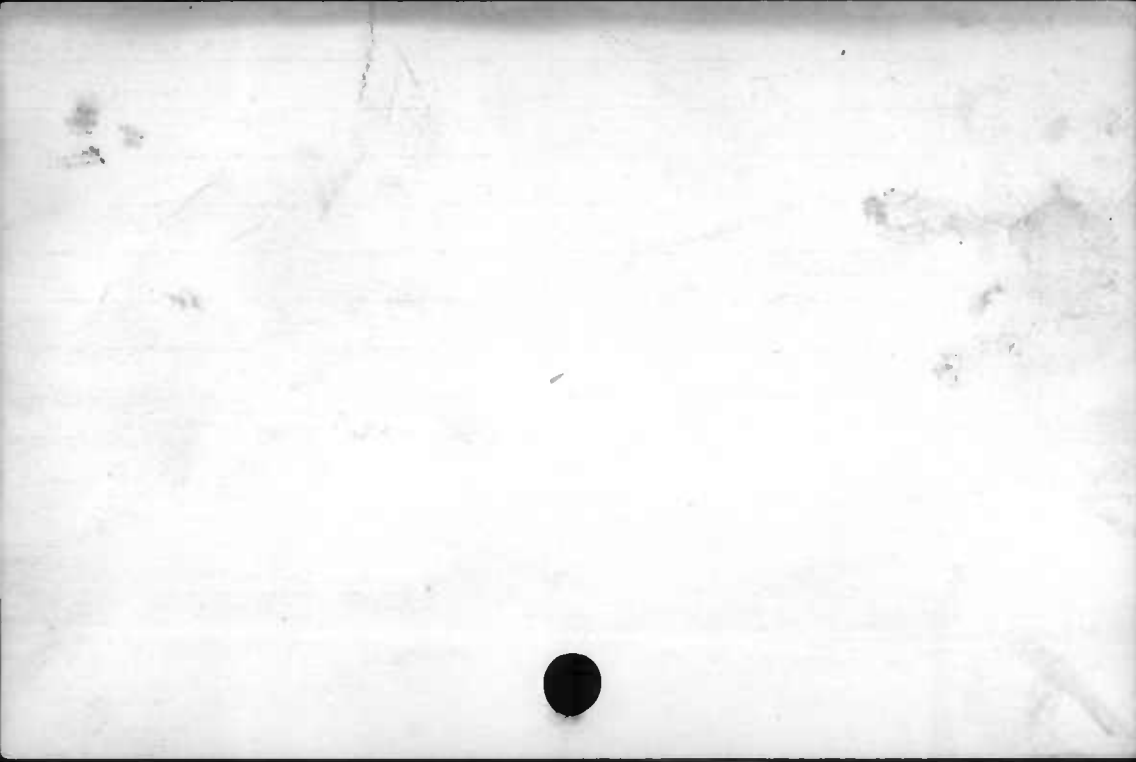
Ethel Muehins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *northeast* Town *bebit* County *MARYLAND*Date of death 190 *8* Month *nov* Day *5* Age *—* Years *—* Months *—* Days *14*Sex *Female* Color or Race *White* Birth-place *northeast*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *A. W. Muehins* Father's Birthplace *northeast*Mother's Maiden Name *Sadie Muns* Mother's Birthplace *Maryland*Name of person giving Information *Andrew H. Muehins* How related to deceased *father*

## CAUSES OF DEATH

93  
How longPrimary *—* How long *—*Immediate *Pneumonia* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. J. Hamrick*Address *North East  
Md*PHYSICIAN  
OR CORONERAccident or Suicide *8*



Name  
in  
Full

## CERTIFICATE OF DEATH

Jacob. L. Morris

Town

County

Died <sup>near Sylmar</sup>

Cecil

MARYLAND

Date  
of death 1908 Nov.

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceasedTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CAUSES OF DEATH

27

Primary

How long

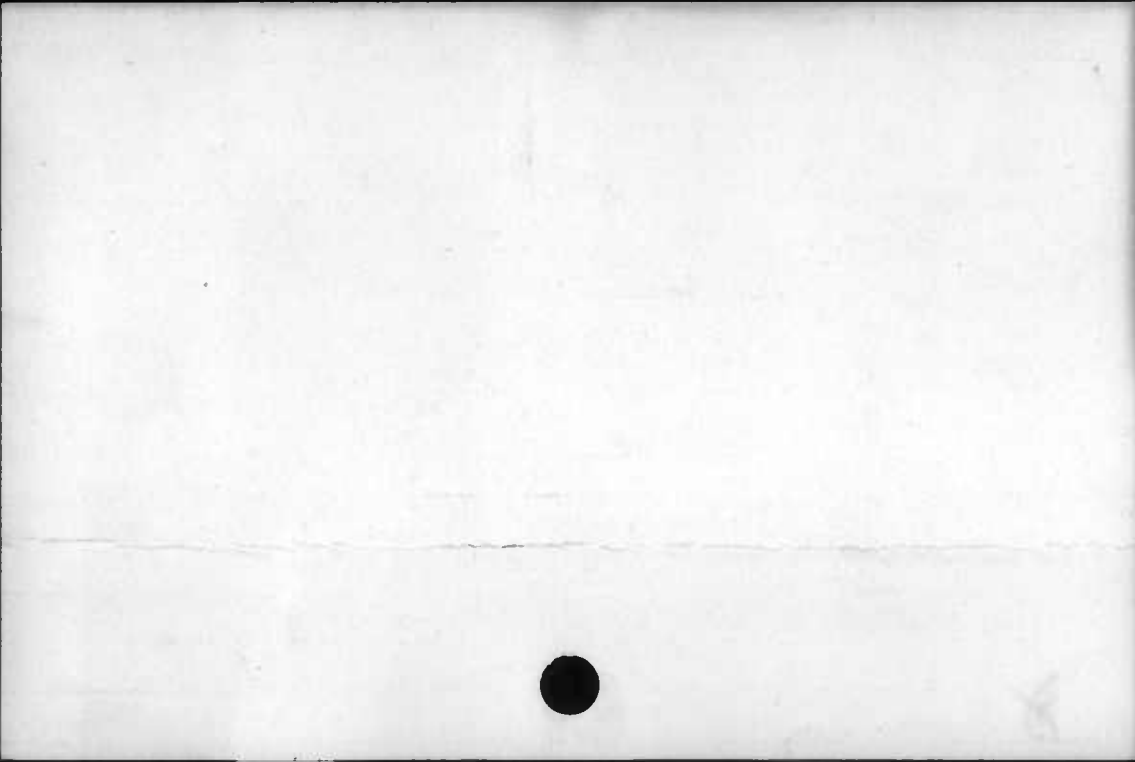
Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

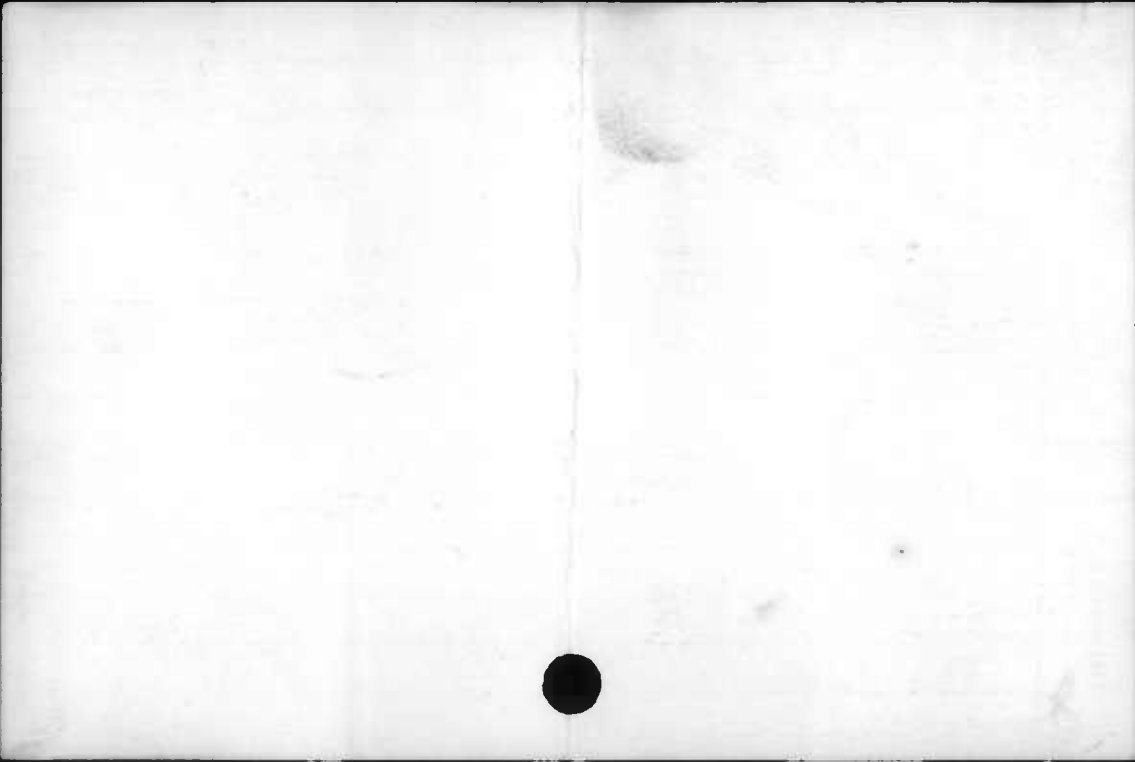
Died at <i>Panola Newwicks</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>21</i>	Age <i>—</i>	Months <i>1</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cecil Co. Md.</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Harrison Yaylor</i>	Father's Birthplace <i>Va-</i>				
Mother's Maiden Name <i>Panola Newwicks</i>	Mother's Birthplace <i>Md.</i>				
Names of person giving Information <i>Harrison Yaylor</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary <i>Congenital Syphilis</i>	How long <i>Since Birth</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Crawford</i>
	Address <i>Cecil Co. Md.</i>
Accident or Suicide	<i>Md.</i>



Name  
in  
Full

Cora Hull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

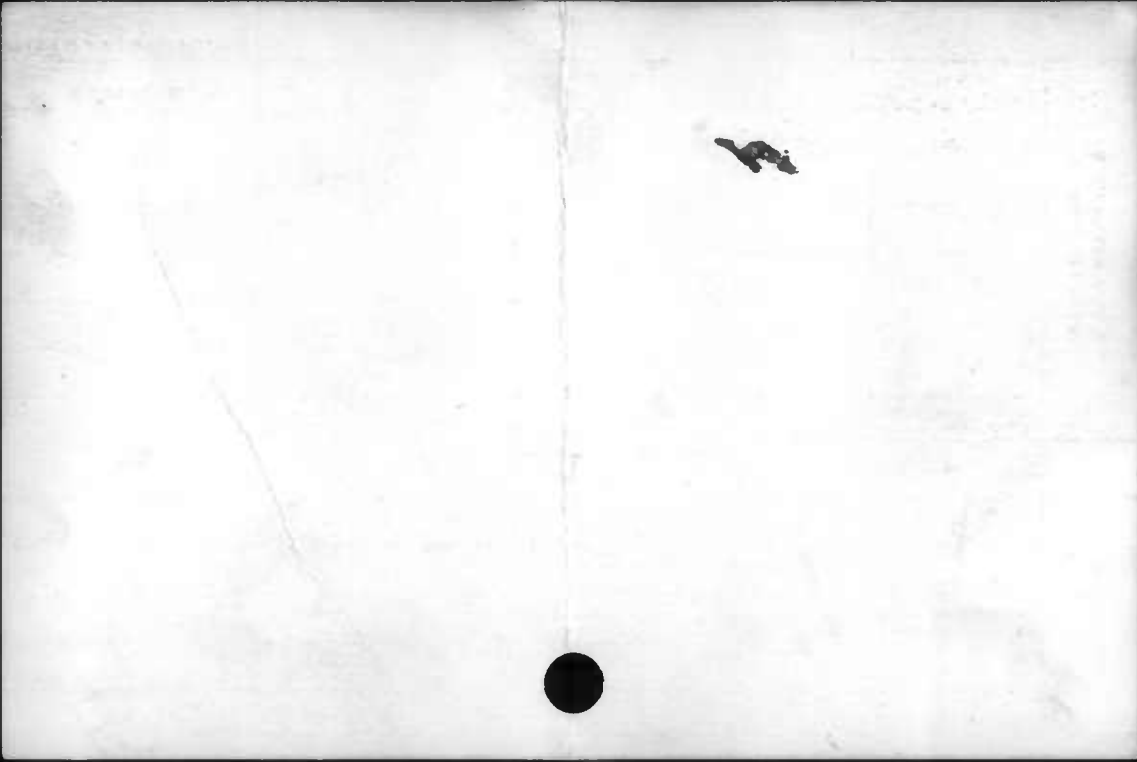
Died at		Town Near Woodlawn		County Cecil		MARYLAND	
Date of death		1908	Month 11	Day 15	Age 32	Years	Months Days
Sex Female		Color or Race White		Birth- place Cecil Co			
Occupation Housekeeping		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband Grant Hull					
Father's Name Robert Fenners		Father's Birthplace Cecil Co					
Mother's Maiden Name Rachel Touchstone		Mother's Birthplace " "					
Name of person giving Information Rachel Fenners		How related to deceased Mother					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	6 months
Immediate	Inanition	How long	
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		H. E. Brown.	
Address		Bly thedale. Md.	
Accident or Suicide			



Name in Full		Christopher Pufahl				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Union	County beal		MARYLAND	
	Date of death	1908	Month Nov	Day 7	Age 63	Months 11	Days —
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Caroline Pufahl			
	Father's Name	— Unknown		Father's Birthplace Unknown			
	Mother's Maiden Name	— Unknown		Mother's Birthplace Unknown			
Name of person giving information		Caroline Pufahl				How related to deceased Wife	
PHYSICIAN OR CORONER	CAUSES OF DEATH						
	Primary	Accident (Falling of a roof of a house)					How long
	Immediate	Injury to Spinal Cord & Brain					How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician B. H. Summers				
Accident or Suicide?		Address No. 200 —					

216

Name  
in  
Full

Vincent S. Richards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

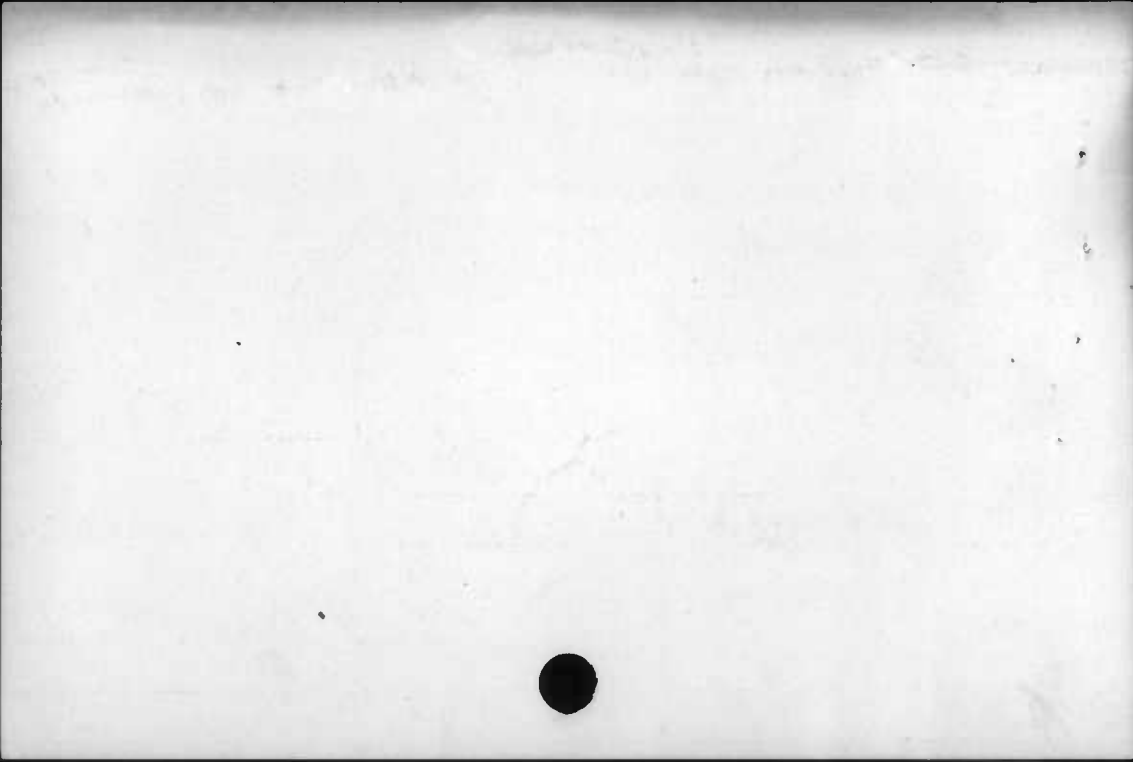
Died at <i>Richmond</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Nov</i>	Day <i>16</i>	Age <i>61</i>	Months <i>8</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Richmond</i>				
Married, <del>not</del> <i>Widowed</i>	Name of Wife <i>Clara Smedley</i>				
Father's Name <i>Stephen Richards</i>	Father's Birthplace <i>Pennsylvania</i>				
Mother's Maiden Name <i>Rebecca H. Stubbs</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Caligobert Richards</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <i>Subacute meningitis</i>	How long <i>3 months</i>
Immediate <i>Exhaustion, no food for 6 days</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. S. Darr M.D.</i>
	Address <i>Bisingsmo Md</i>
Accident or Suicide? <i>8</i>	





Name  
in  
Full

Garrett B. Sanborn

CERTIFICATE OF DEATH

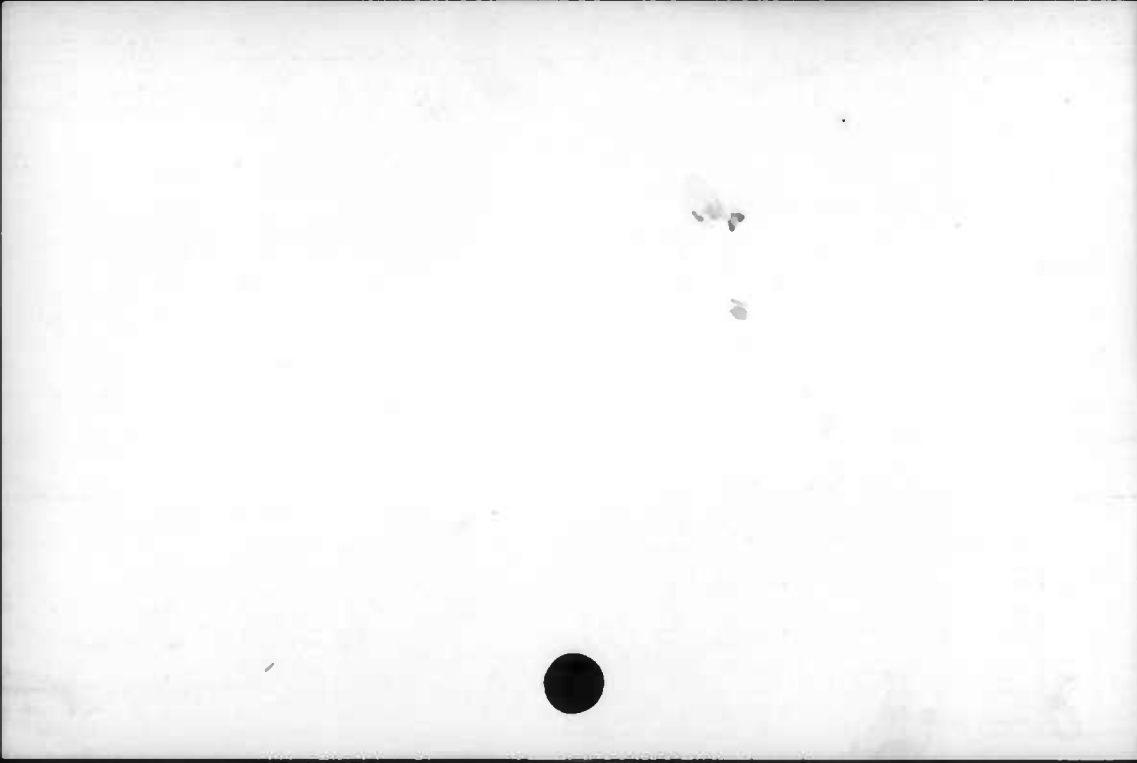
TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Elkton* <sup>County</sup> *Cecil* **MARYLAND**Date of death 1908 <sup>Month</sup> *Nov* <sup>Day</sup> *17* <sup>Years</sup> *69* <sup>Months</sup> *0* <sup>Days</sup> *0*Sex *Male* Color or Race *White* Birth-place *N L*Occupation *Retired* Where Residing if not at place of death *—*Married, Single or Widowed *Married* Name of Wife or Husband *Mary T. Atkinson Sanborn*Father's Name *Daniel Sanborn* Father's Birthplace *N L*Mother's Maiden Name *Jane Bolmer* Mother's Birthplace *N L*Name of person giving Information *Witwerth* How related to deceased *Daughter*

## CAUSES OF DEATH

81

Primary *Arterio Sclerosis* How long *3 yrs*Immediate *Exhaustion* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. Arthur Mitchell MD*Address *Elkton Md*PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Sara Dimpers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

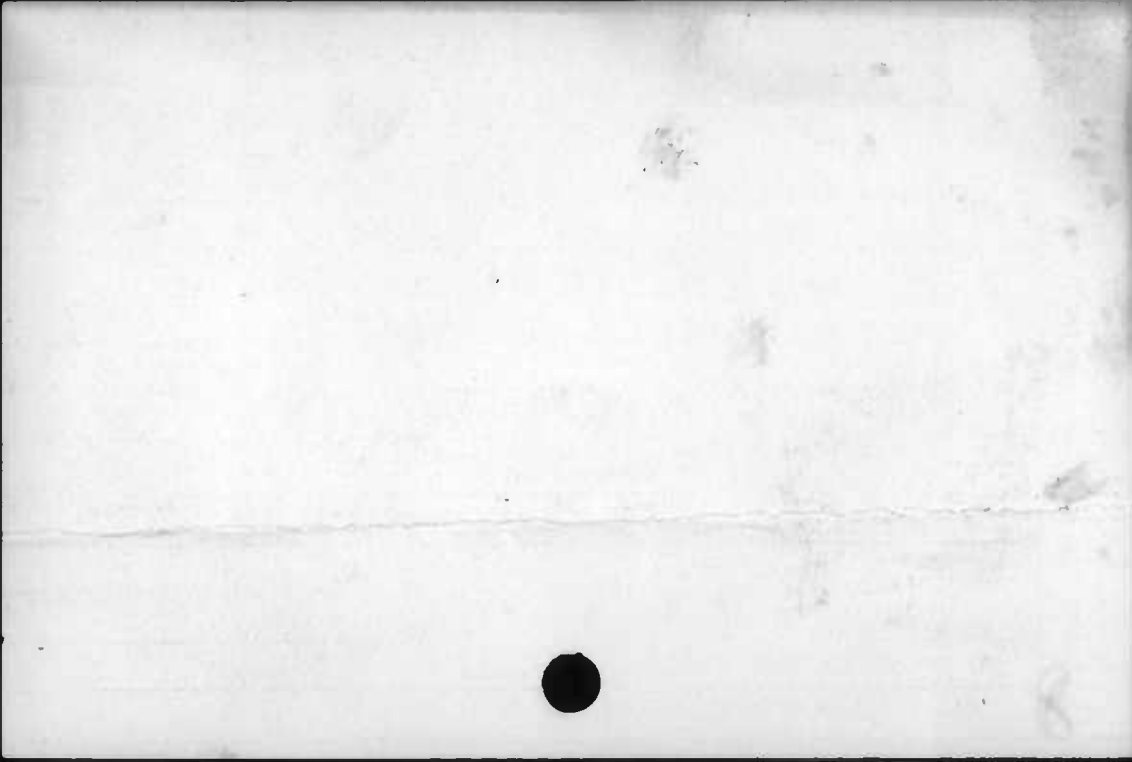
Died <input checked="" type="checkbox"/> <i>Near Giron</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1908	Month	Nov.	Day	12
Age		About 75		Months	
Sex	Female	Color or Race	White	Birth-place	Cecil les. Md.
Occupation	Servant		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband		Is			
Father's Name	Don't know		Father's Birthplace		
Mother's Maiden Name		Don't know		Mother's Birthplace	
Name of person giving information		Thomas Martin		How related to deceased	
				Not any	

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Old age and		How long	—
Immediate	General debility		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
D. L. Gifford		D. L. Gifford		
		Address		
		Giron Md		
Accident or Suicide?				



Name  
in  
Full

Elizabeth Smith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

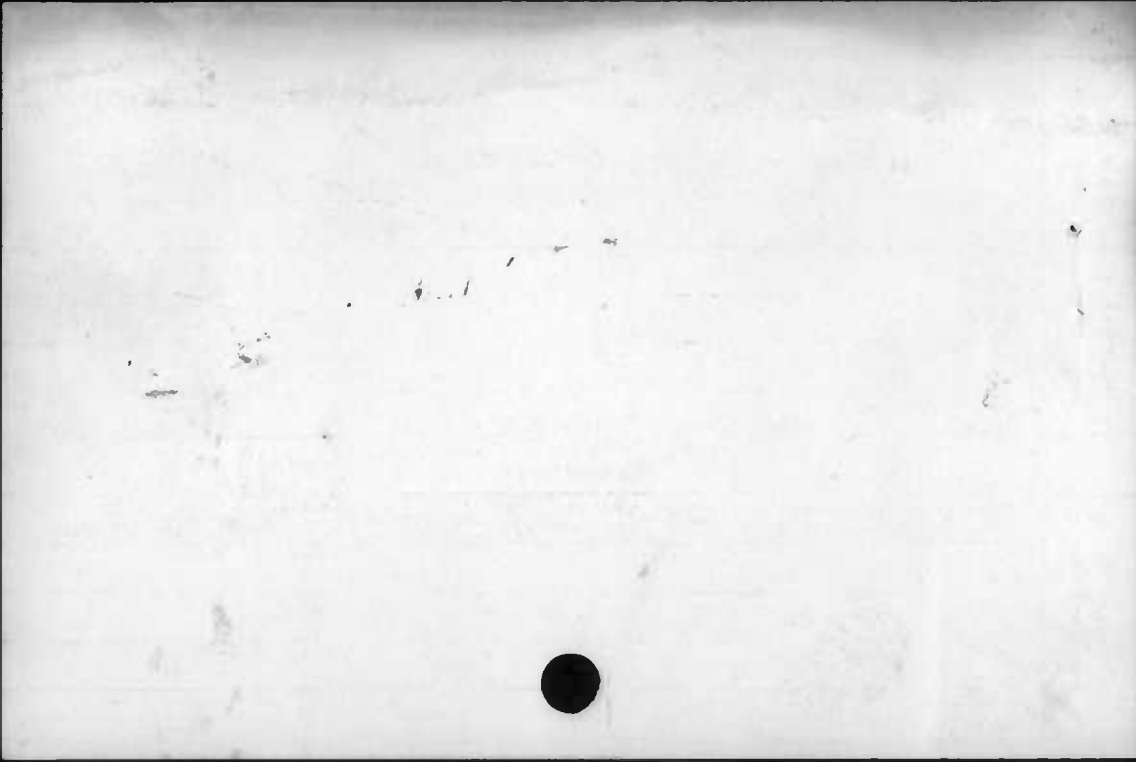
Died at <u>Prising Sun</u> <sup>Town</sup>		<u>Loceil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u> <sup>Month</sup>	<u>Nov</u> <sup>Day</sup>	Age <u>67</u> <sup>Years</sup>	<u>12</u> <sup>Months</sup>	<u>  </u> <sup>Days</sup>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Chesler Co. Pa</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>  </u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Elton Smith</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>  </u>				
Name of person giving information <u>  </u>	How related to deceased <u>  </u>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Valvular disease of Heart</u>	How long <u>One year</u>
Immediate <u>Acute Urremia</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. B. Darr</u>
	Address <u>Prising Sun Md</u>
Accident or Suicide? <u>  </u>	



Name  
in  
Full

Carl C Dricha

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Elk Neck Town Cecil County MARYLAND

Date of death 1908 Month Nov Day 19 Age 3 Years 3 Months  Days

Sex Male Color or Race White Birth-place Elk Neck

Occupation  Where Residing if not at place of death

Married, Single or Widowed  Name of Wife or Husband

Father's Name Roco Dricha Father's Birthplace Austria

Mother's Maiden Name Daisy C McCall Mother's Birthplace Elk Neck

Name of person giving Information Carrie C McCall How related to deceased Grand ma

## CAUSES OF DEATH

71

Primary  How long 2 weeks

Immediate Convulsions How long 3

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER

Black-



Name  
in  
Full

William Buck Vaughan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

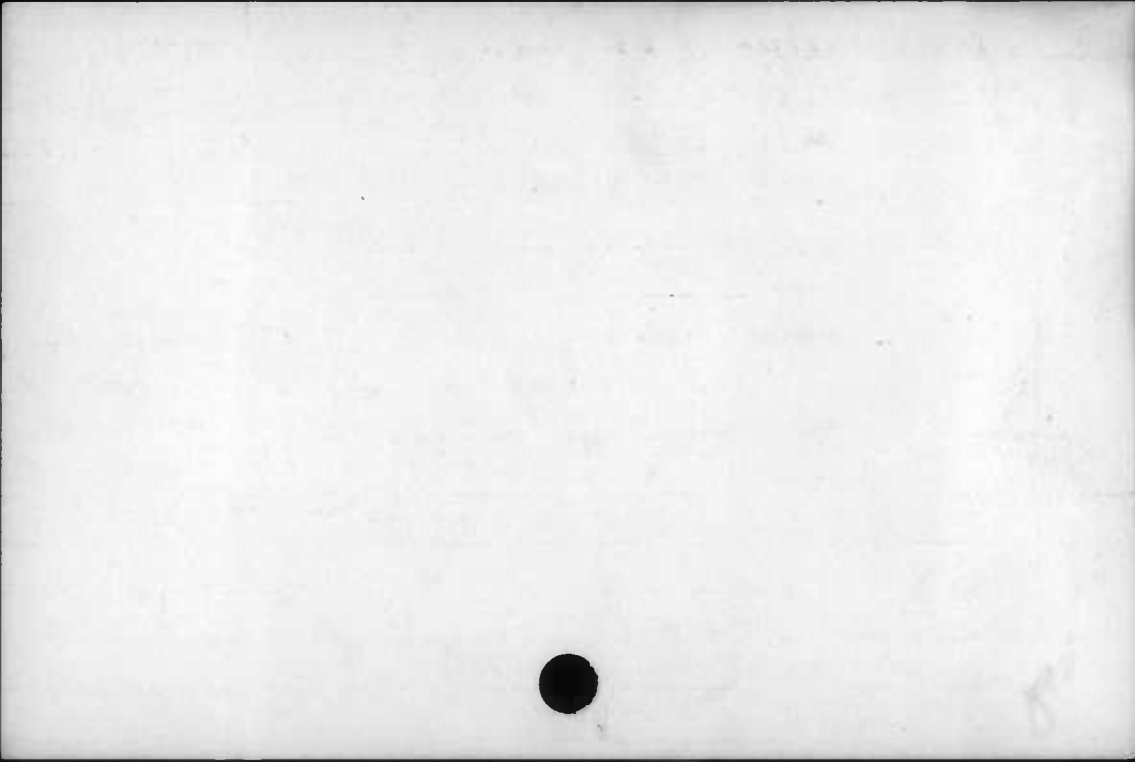
Died at <i>Chesapeake City</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death	1908	Month	10	Day	3	Age	1
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chesapeake City</i>		Months <i>1</i> Days <i>23</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death <i>+</i>					
Married, Single or Widowed <i>+</i>		Name of Wife or Husband <i>+</i>					
Father's Name <i>William Vaughan</i>		Father's Birthplace <i>Chesapeake City</i>					
Mother's Maiden Name <i>Anna Mary Buck</i>		Mother's Birthplace <i>Chesapeake City</i>					
Name of person giving information <i>Anna Mary Vaughan</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

61

PHYSICIAN  
OR CORONER

Primary <i>Dentition</i>	How long <i>+</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Horner M.D.</i>
	Address <i>Chesapeake City, Md.</i>
Accident or Suicide? <i>+</i>	



Name  
in  
Full

Matthie R Warren

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chillico</i>		County <i>Chillico</i>		MARYLAND	
Date of death	1908	Month	Nov.	Day	14	Age	Years 19
Sex		Female		Color or Race		White	
Occupation		none		Birth-place		Maryland	
Where Residing if not at place of death		—					
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		John W. Warren		Father's Birthplace		Maryland	
Mother's Maiden Name		Margaret Scarborough		Mother's Birthplace		Maryland	
Name of person giving information		Almie Warren		How related to deceased		Sister	

## CAUSES OF DEATH

Primary *Typhoid Fever* How long *6 weeks*

Immediate *Intestinal Hemorrhage* How long *48 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

616

Name  
in  
Full

Martha M. Wells

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 5 Chute Town Bowie County

MARYLAND

Date of death 1908 Month Nov Day 10 Age 81 Years Months Days

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband George W. Wells

Father's Name John McCauley Father's Birthplace Ind

Mother's Maiden Name Elizabeth M. McCauley Mother's Birthplace 4

Name of person giving Information Grace Wells How related to deceased Daughter

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

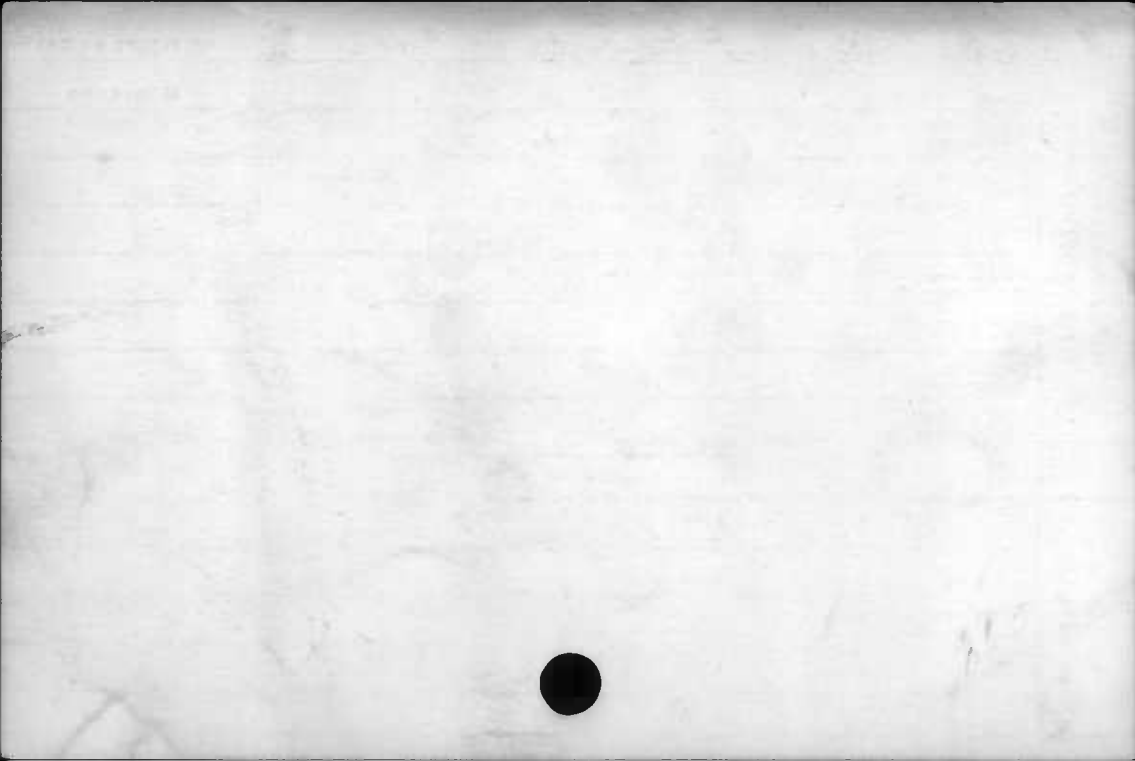
Primary Senility - Active Senilis How long 10 - 15 years -

Immediate Arterial thrombosis How long 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Charles A. Mc...

Address Bowie Md.

Accident or Suicide



Name  
in  
Full

Margaret Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Colosa		County Cal		MARYLAND	
Date of death	1908	Month Nov	Day 25	Age	69	Months 1	Days 3
Sex	Female		Color or Race	White		Birth-place	Scotland
Occupation	Housewife			Where Residing if not at place of death		Colosa Md	
Married, Single or Widowed	Widow		Name of Wife or Husband	Alexander Wilson Deen			
Father's Name	Robert Ferguson				Father's Birthplace	Scotland	
Mother's Maiden Name	Jane Ferguson				Mother's Birthplace	Scotland	
Name of person giving Information	William M Wilson				How related to deceased	Son	

## CAUSES OF DEATH

66

Primary	Chronic Paralysis	How long	12 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	Ernest Howland
		Address	Liberty Groove Md
Accident or Suicide			

PHYSICIAN  
OR CORNER

